

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90500 022 ****61.25

DOCUMENT # N93000003471

1. Entity Name

ST. CECILIA'S EPISCOPAL-CHURCH, INC.

Principal Place of Business

Mailing Address

1920 SOUTH MAYDELL DRIVE
 TAMPA FL

1920 SOUTH MAYDELL DRIVE
 TAMPA FL 33619
 US

00023879



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3198376

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BREWER, FLOYD W REV~~
~~601 S MANHATTAN AVE~~
~~TAMPA FL 33609~~

REV JIM COX
 1920 S. MAYDELL DR
 TAMPA, FL 33619

Name

Rev. Jim Cox

Street Address (P.O. Box Number is Not Acceptable)

1920 MAYDELL

City

TAMPA

FL

Zip Code

33619

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
 NAME KOLORIK, JUDY
 STREET ADDRESS 3101 CREEK GROVE CT
 CITY-ST-ZIP BRANDON FL 33511

TITLE DIRECTOR ☐ Change ☒ Addition
 NAME ANDREA LLOYD
 STREET ADDRESS 312 GLENDALE DR.
 CITY-ST-ZIP BRANDON, FL 33511

TITLE D ☒ Delete
 NAME MARSH, ANDREW
 STREET ADDRESS 333 HOLLOWTREE DR
 CITY-ST-ZIP SEFTNWER FL 33584

TITLE DIRECTOR ☐ Change ☒ Addition
 NAME GORDON MCINTYRE
 STREET ADDRESS 4717 10TH AVE S.
 CITY-ST-ZIP TAMPA, FL 33619

TITLE SD ☐ Delete
 NAME LINIHAN, SCARLETT
 STREET ADDRESS 3440 GALLAGHER RD
 CITY-ST-ZIP DOVER FL 33527

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME YATES, ROBERT
 STREET ADDRESS 2110 GOLFVIEW DR N
 CITY-ST-ZIP PLANTCITY FL 33567

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☐ Delete
 NAME CARMAN, GENE
 STREET ADDRESS 215 OKLAWAHA DR
 CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME KEINOTAS, SCOTT
 STREET ADDRESS 1006 48 ST S
 CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01 (813)
 677-3946

Date

Daytime Phone #

CR2E037 (10/00)